BEST AVAILABLE COPY

JUN.	14. ZUU I Under the				WAKI 240-40	1 1		ANT TO	) 1096 O	G 30-31	
	PATEN	NT APPLI	CATION FE	E DETERMII	NATION REC	ORD ON	Aphlichti	it display	Valid Ö	ACCOMMO	ERCE .
	CLAIMS AS FILED - PART I						09/248.515				
ŀ	FOR (Column 1)			1)	(Column 2)		SMALL ENTIT		OR SMALL ENTITY		
			NUMBER FILED		MBER EXTRA	R	ATE FER		RATI		
L	BASIC PEE (17 CFR 1.16(4))						College College	┨.	8653 min		_]
	TOTAL CLAIMS (37 CPA L 16(e))		20 minus 20 = 1*		er samme of the		2 - 31	01	<b>8個</b>	3 s	_]
L	INDEPENDENT CLAIMS		3 minus 3 = 1				<u> </u>	니 <sup>o</sup> ፣	2 x 5	=	
Ļ	MULTIPLE DE	PENDENT CL	<del>*                                 </del>	0 0	°™	` <u> </u> -	-				
* If the difference in column I is less than zero, enter '0' in column 2											_
CLAIMS AS AMENDED - PART II											_
-	ASSESSED AND	(Column	(I)	(Column 2)	(Column 1)	SMA	LL ENTITY	OR	OTHER		1
	<	CLAI REMAII		HIGHEST				7	SMALL	ENTITY	4
AMERICATION		AFTE	R R	PREVIOUSI	Y EXTRA	RA*	- 1.101171		RATE	ADDI- TIONAL	.
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18			Minus			×	-d 0	OR	XB		7
$\vdash$	First presentation of multiple dependent				M (37 CPR 1.16(d))	+ 13		OR		<del>                                     </del>	1
L	B	(Column :	<u>)</u>	707		OR	TOTAL		4		
AMENDMENT B		CLAIM		(Column 2)	(Calumn 1)	ADDIT, FE	E		DIT. FEB		-
		REMAIN AFTER		NUMBER PREVIOUSL	PRESENT	RATI	ADDI-			ADDI-	]
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	CT CFR I.IK(e))	29	Minus	28	2	75_0	= 0	OR			1
	Independent (37 CFR 1.15(b))	<u></u>	Minus	***	= .	× 40	<del>  ~</del> -	OR	·		ļ
L,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OF CTAILING						1-100	OR X			1
						TOTA	7	OR +	=		
		(Column 1)		(Column 2)	(Column 3)	ADDIT. PE		OR ADI	TOTAL DIT. FEE	]	
TC		REMAININ		HIGHEST NUMBER	DDDCEN	11	ADDI-	Γ	T	4 D.D.	
Ē		AFTER AMENDME	NT TN	PREVIOUSLY	PRESENT EXTRA	RATE	TIONAL	].		ADDI- TONAL	
AMENDMENT	Total (17 GFR 1.16(c))	*	Minus	PAID FOR	-		+	$_{n}$ $\vdash$	$-\!\!\!\!\!+$	FEB	
ME	Independent (37 CFR 1.(6(b))	•	Minus	***	+	× \$		OR X			
<		ENTATION			-	*		OR X-			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (IF CPR LLKQ) + = OR + =											
IL	the entry in colum he "Highest Num	in I is loss than ber Previously i	the entry in column	2. write "0" in colu	ma 3.	TOTAL ADDIT. FEE		OR -	TOTAL		
The	he "Highest Numbe "Highest Numbe	per Previously P	bid For" IN THIS	SPACE is less than 3	20, enter "20", ), enter "3",	· ····································		ADDI	T. PEE		

The "Highast Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burdon Hour Statement: This form it estimated to take 0.2 hours to complete, those will very depending upon the head of this indevidual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissionar for